## L22000500383

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #	<del></del>		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



800414466288

08/25/23--01009--008 \*\*25.00

FILED

2023 AUG 25 PM 3: 13

## COVER LETTER

mpany)
mpany)
s) are submitted for filing.
_
<del>-</del>
<del></del>
<del></del>
:
298-3116 e & Daytime Telephone Number)
e & Daytime Telephone Number)
Department of State for:  g Fee & Certified Copy
Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the re	cords of the Florida	ı Depai	rtment
of State is:	Cannalro XL LLC				·
2. The Florida doc	ument/registration number as	ssigned to this limite	ed liability company	y is:	
L2200	0500383				
3. The date this me 4. I	ember/manager withdrew/res Lefkowitz Jame of Person Resigning)	igned or will withdr	raw/resign is: <u>8/</u> raw/resign as a	<u>   11                                  </u>	<u>r23</u>
<u> </u>	(Manager)				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability co	ompany has been no	otified (	of my
Signature of D	issociating Member or Resig	ming Manager	-		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAH	2023 AUG	1